National Colorectal Cancer Roundtable March Webcast

March 23, 2023
Today, we will cover...

- National Efforts to Increase CRC Screening Rates
- Partnership Showcase
- CRC Cancer Facts and Figures
- 80% in Every Community National Achievement Awardees
- Questions and Closeout

Keep your questions coming in the chat for the Q&A at the end!
NCCRT Priorities

- Mobilize national and community-level efforts that will lead to health equity in colorectal cancer screening.
- Support on-time screening as soon as eligible and continued participation per screening recommendations.
- Promote timely colonoscopy follow up to positive (abnormal) non-colonoscopy tests.
2022 CRC Screening Intervention Partnerships

42 projects in 19 states & DC
89,600 screenings completed
3,000 cancers diagnosed

55% FQHCs/govt.
23% of patient population was uninsured

14 health systems with rural clinic sites
Colorectal cancer statistics, 2023

Rebecca L. Siegel MPH | Nikita Sandeep Wagle MBBS, MHA, PhD | Andrea Cercek MD | Robert A. Smith PhD | Ahmedin Jemal DVM, PhD

Abstract
Colorectal cancer (CRC) is the second most common cause of cancer death in the United States. Every 3 years, the American Cancer Society provides an update of CRC statistics based on incidence from population-based cancer registries and mortality from the National Center for Health Statistics. In 2023, approximately 153,029 individuals will be diagnosed with CRC and 52,550 will die from the disease, including 19,350 cases and 3750 deaths in individuals younger than 50 years. The decline in CRC incidence slowed from 3%-4% annually during the 2000s to 1%-2% annually during 2011-2019, driven partly by an increase in individuals younger than 55 years of 1%-2% annually since the mid-1990s. Consequently, the proportion of cases among those younger than 55 years increased from 14% in 2000 to 20% in 2019. Incidence rates since 2020 decreased...
# Estimated Colorectal Cancer Cases and Deaths in 2023

<table>
<thead>
<tr>
<th></th>
<th>CASES</th>
<th>DEATHS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age, years</td>
<td>Total</td>
</tr>
<tr>
<td>0-49</td>
<td>19,550</td>
<td>3,750</td>
</tr>
<tr>
<td>50-64</td>
<td>48,210</td>
<td>13,160</td>
</tr>
<tr>
<td>65+</td>
<td>85,260</td>
<td>35,640</td>
</tr>
<tr>
<td>All ages</td>
<td>153,020</td>
<td>52,550</td>
</tr>
</tbody>
</table>
Long-Term Trends in Colorectal Cancer Incidence & Mortality

Colorectal Cancer Statistics 2023
Rapid Shift to Younger Patient Population

Incidence rate

Rate per 100,000

Year of diagnosis


55+ y

20-54 y
Rapid Shift to Younger Patient Population

Incidence rate

% of cases 20–54 y

1 in 5 diagnoses in people <55 y

In 2019, highest incidence is stage III disease
Changes in Colorectal Cancer Stage Distribution, 1995–2019

Colonoscopy, 50+:

- Local: 20%, 33%
- Regional: 56%, 41%
- Distant: 63%, 32%
- Unstaged: 5%

Advanced disease: 57%, 52%, 60% (3 in 5 diagnoses)

rectum: 27% in 1995 → 31% in 2019

Native American incidence limited to Purchased/Referred Care Delivery Area counties; mortality are adjusted for racial misclassification using factors from the National Center for Health Statistics.
Colorectal Cancer Screening at Indian Health Service Facilities, Ages 50–74 y, 2017

Colorectal Cancer Statistics 2023
Colorectal Cancer Screening by Race & Ethnicity, Ages 45+ y, 2021

<table>
<thead>
<tr>
<th>Test</th>
<th>All</th>
<th>Native American</th>
<th>Black</th>
<th>White</th>
<th>Hispanic</th>
<th>Asian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stool Test</td>
<td>10</td>
<td>10</td>
<td>11</td>
<td>9</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>54</td>
<td>48</td>
<td>57</td>
<td>57</td>
<td>46</td>
<td>45</td>
</tr>
<tr>
<td>Up-to-date</td>
<td>59</td>
<td>52</td>
<td>61</td>
<td>61</td>
<td>52</td>
<td>50</td>
</tr>
</tbody>
</table>
Up-to-date Colorectal Cancer Screening*, Ages 45+ years, 2020, US
Populations to Target for Screening, Ages 45+ y, 2021

Colorectal Cancer Statistics 2023

- Overall
- In US 10+ years
- Medicaid/other
- Less than high school
- <100% poverty level
- In US fewer than 10 years
- Uninsured

<h4>Stool test</h4>
- Overall: 10%
- In US 10+ years: 12%
- Medicaid/other: 11%
- Less than high school: 11%
- <100% poverty level: 9%
- In US fewer than 10 years: 4%
- Uninsured: 0%

<h4>Colonoscopy</h4>
- Overall: 54%
- In US 10+ years: 48%
- Medicaid/other: 48%
- Less than high school: 43%
- <100% poverty level: 42%
- In US fewer than 10 years: 25%
- Uninsured: 18%

<h4>Up-to-date</h4>
- Overall: 59%
- In US 10+ years: 53%
- Medicaid/other: 52%
- Less than high school: 48%
- <100% poverty level: 47%
- In US fewer than 10 years: 29%
- Uninsured: 21%
Colorectal Cancer Screening in Ages 45–54 y, 2019 vs 2021

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2019</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>45+</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>45-49</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>50-54</td>
<td>5</td>
<td>9</td>
</tr>
</tbody>
</table>

- **Stool test**
- **Colonoscopy**
- **Up-to-date**
"The increase in stool testing was most pronounced in non-Hispanic Black and Hispanic populations and in persons with low socioeconomic status."
Summary

➢ CRC progress mostly confined to age 65+ years

➢ Younger age at diagnosis: 20% of cases <55 y, up from 11% in 1995

➢ More advanced disease: 60% in 2019 up from 57% in 1995, pre-widespread screening

➢ Shift to left-sided tumors: 31% rectal vs 27% in 1995

➢ Stark disparities
  ▪ mortality ~2-times higher in Alaska native and 34% higher in Black vs White
Opportunities

➢ Risk reduction through behaviors:
  ▪ Healthy weight
  ▪ Healthy diet (low processed/red meat, high fruit/veg/fiber)
  ▪ Physical activity (colon)
  ▪ Not smoking

➢ Screening
  ▪ Any rec test; non-invasive stool tests=same mortality benefit
  ▪ 45 at latest
  ▪ Know/discuss family history with provider in 30s

➢ Earlier diagnosis
  ▪ Symptomatic patients 40% longer diagnosis <50 vs 50+
  ▪ Rectal bleeding 41% <50 vs 26% 50+
  ▪ Reduce stigma
Thank you!
Collaborators

Nikita Sandeep Wagle
Bob Smith
Andrea Cercek
Ahmedin Jemal
Adair Minihan
Jessica Star
80% in Every Community National Achievement Awardees
Colorado Cancer Screening Program

State-Based Screening Program Winner

- The Colorado Cancer Screening Program (CCSP) partners with clinic systems to use evidence-based approaches to reduce disparities in CRC screening.
- CCSP clinics have navigated patients into >36,800 colonoscopies since 2006.
- CCSP also supports several clinic systems with strengthening their stool-based testing approaches.
Kintegra Health

Community Health Center Winner

• Following a drop in CRC screenings amidst the COVID-19 pandemic in 2020, Kintegra Health began partnering with North Carolina Partnership to Increase CRC Screenings (NC PICCS), a CDC program, to increase CRC screenings in four practices.

• Participated in the ACS’s Tri-state Quality Improvement Learning Collaborative.

• Successful negotiation of a colonoscopy cost rate well below the Medicare rate.

• Within a year, all four practices reported increased CRC screening rates ranging between 15 to 34 percentage points.
The Ohio Association of Community Health Centers (OACHC) supports all of Ohio’s 57 community health centers, providing care to nearly one million Ohioans across 480+ sites in 75 of the 88 counties.

Since 2016, >25 CHCs have implemented FluFIT: a program where patients eligible for CRC screening are offered a Fecal Immunochemical Test (FIT) at the time of their annual influenza vaccination.

The performance for participating CHCs has grown from a rate of 32% screened in 2020 to 40% in 2021.
Hospital/Health System Winner

- In 2019, set a goal to increase CRC screening rates to 70% and higher among patients served by its primary care sites in western Washington.
- Strategies include standardized outreach methods, shared decision making, data scorecards, and staff and patient education.
- Participates as an ACS Hospital Systems Capacity Building community of practice site.
- CRC screening among the 85,000 patients eligible increased from 58% in February 2019 to 69% as of November 2022.
CommUnityCare Health Centers & Dell Medical School at the University of Texas at Austin

Grand Prize Winner – Innovative Partnership

• Working in partnership, the two organizations implemented a multi-year, multi-faceted intervention to increase colorectal cancer screening among eligible CommUnityCare patients.

• Learn more in our next panel discussion!
The Ohio Association of Community Health Centers (OACHC) supports all of Ohio's 57 community health centers (CHCs), providing care to nearly one million Ohioans across 480+ sites in 75 of the 88 counties.

Since 2016, >25 CHCs have implemented FluFIT: a program where patients eligible for CRC screening are offered a Fecal Immunochemical Test (FIT) at the time of their annual influenza vaccination.

The performance for participating CHCs has grown from a rate of 32% screened in 2020 to 40% in 2021.

Nationally, there are 1,375 federally-funded health center organizations.

Notes: National figure includes health centers in every state, territory, and D.C. Some territories are not shown in the map above. Binned by quartile for states and territories shown. Source: 2020 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Enabling equitable implementation of colorectal cancer screening through mailed testing in an FQHC system

Michael Pignone, MD, MPH
Professor and Chair, Department of Internal Medicine
Co-director, Program on Cancer Prevention and Control
Dell Medical School
Advantages of Mailed FIT

• Convenient and safe for patients
• Low initial test cost
• Conserves colonoscopy resources
• Scalable
• Frees up face to face visit time

Gupta et al CA Cancer J Clin. 2020;70(4):283-298
Our program features

• Mailed FIT (free)
• Bilingual, easy to read instructions
• Bilingual patient navigator
• No out of pocket colonoscopy costs
• GI care integrated
# Mailed FIT Program - Travis County

Through January 2023 (all patients received both reminders)

<table>
<thead>
<tr>
<th></th>
<th>Total Mailings</th>
<th>TOTAL RESULTS</th>
<th>TOTAL RESPONSE RATE</th>
<th>Total Positive results</th>
<th>Pos Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>59,676</td>
<td>14,290</td>
<td>24%</td>
<td>729</td>
<td>5.1%</td>
</tr>
</tbody>
</table>
## Colonoscopy after positive FIT

<table>
<thead>
<tr>
<th>Outcomes of Positive FITs (as of 1/27/2023)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Colonoscopy Completed</td>
<td>530</td>
</tr>
<tr>
<td>Evaluation Scheduled</td>
<td>7</td>
</tr>
<tr>
<td>Colonoscopy Scheduled</td>
<td>27</td>
</tr>
<tr>
<td>Referred to PCP/Other Provider</td>
<td>18</td>
</tr>
<tr>
<td>Pending/Rescheduling</td>
<td>17</td>
</tr>
<tr>
<td>Refused/Difficulty Contacting</td>
<td>121</td>
</tr>
<tr>
<td>Deceased</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td><strong>729</strong></td>
</tr>
</tbody>
</table>

**Total “On Track” 564 (77%)**

**Median time to colonoscopy** 69 days
Colonoscopy results

<table>
<thead>
<tr>
<th>Colonoscopies Completed (1/27/2023)</th>
<th>530</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>16</td>
</tr>
<tr>
<td>Adenoma(s)</td>
<td>195</td>
</tr>
<tr>
<td>Hyperplastic Polyps</td>
<td>55</td>
</tr>
<tr>
<td>Normal</td>
<td>199</td>
</tr>
<tr>
<td>No biopsy</td>
<td>9</td>
</tr>
<tr>
<td>Benign Mucosa</td>
<td>18</td>
</tr>
<tr>
<td>Path report not available</td>
<td>24</td>
</tr>
<tr>
<td>Inconclusive</td>
<td>3</td>
</tr>
<tr>
<td>Pathology Pending/Unknown</td>
<td>11</td>
</tr>
</tbody>
</table>
Stage Distribution of Cancer

Approximately 70% early stage (cured)

<table>
<thead>
<tr>
<th>Stage of CRC</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>8</td>
<td>50%</td>
</tr>
<tr>
<td>II</td>
<td>3</td>
<td>19%</td>
</tr>
<tr>
<td>III</td>
<td>3</td>
<td>19%</td>
</tr>
<tr>
<td>IV</td>
<td>2</td>
<td>13%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>16</td>
<td></td>
</tr>
</tbody>
</table>
Increasing screening over time
Mailed FIT Implementation Guide

https://chronicdisease.org/using-the-mail-to-help-save-lives/
Dell Med – CUC team
The 2022 Steps Guide includes:

• Expansion to all primary care
• Latest science and best practices
• Current guidelines and test options
• Expert-endorsed strategies
• Samples, templates, and tools
• 10 case studies of exemplary practice sites – coming this spring!

www.nccrt.org/StepsGuide
Questions
Learn More!

• Follow NCCRT on Twitter
  • @NCCRTnews
  • #80inEveryCommunity
• Sign up for the newsletter
• Take the 80% Pledge
• Apply for NCCRT membership
• Visit: nccrt.org/get-involved

Questions? Contact nccrt@cancer.org